



Medicare Plan Finder

*Updates for OEC
Platform January 2017*

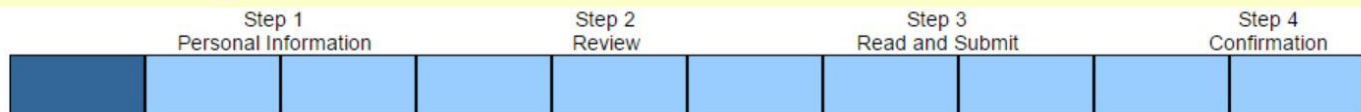
DRX Demo

OEC Start Enrollment page Updates

Medicare.gov

The Official U.S. Government Site for Medicare

Medicare Health and Drug Plan Enrollment Center



Start Enrollment

ATTENTION: You are enrolling in a 2016 Plan. Your enrollment effective dates are as follows:

Election Period	Effective Date of Coverage
Open Enrollment (October 15 – December 7)	January 1 of the following year
Special Election Period (SEP)	Varies, generally the 1 st of the following month
New to Medicare (Initial Enrollment Period for Part D) – If you're new to Medicare, you can join during the period that starts three months before the month you get Medicare, and ends three months after you get Medicare.	If you enroll during the first 3 months <u>before</u> the month you get Medicare—your effective date is the 1st day of the month you get Medicare. If you enroll <u>during</u> or <u>after</u> the month you get Medicare, your effective date will be the 1st of the month following the month you enrolled in your Medicare plan.

SEP Table Update

Confirming Your Enrollment Period

Usually you can only change plans during the Annual Election Period (AEP). AEP starts October 15 and runs through December 7. Enrollment forms received during this time will be considered AEP and effective January 1 unless a Special Election Period applies.

If none of the statements match your current situation or if you are not sure, please contact the plan you are interested in to see if you are eligible to enroll.

All lines marked with an asterisk * are required.

Please choose all of the following that apply *

- | |
|--|
| <input type="checkbox"/> I am new to Medicare. ⓘ |
| <input type="checkbox"/> I recently moved outside of the service area for my current plan. ⓘ |
| <input type="checkbox"/> I have both Medicare and Medicaid or my state helps pay for my Medicare premiums. ⓘ |
| <input type="checkbox"/> I was recently approved for extra help paying for Medicare prescription drug coverage. ⓘ |
| <input type="checkbox"/> I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or rehabilitation hospital). ⓘ |
| <input type="checkbox"/> I recently "left" a Programs of All-Inclusive Care for the Elderly program. ⓘ |
| <input type="checkbox"/> I am moving into or out of a Long Term Care Facility. (for example, a nursing home or rehabilitation hospital) ⓘ |
| <input type="checkbox"/> I recently involuntarily lost my credible drug coverage. ⓘ |
| <input type="checkbox"/> I am losing coverage I had from an employer. ⓘ |

OEC Personal Information page Updates

Medicare.gov
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Medicare Health and Drug Plan Enrollment Center

Step 1
Personal Information


Step 2
Review

Step 3
Read and Submit

Step 4
Confirmation

Personal Information

You have chosen to enroll in

 All information you provide is strictly confidential, secure and will be used for the sole purpose of enrolling you in your chosen plan.

Please fill out the personal information below. When you are finished, please click the Continue button at the bottom.

All lines marked with an asterisk * are required

Your Personal Information

*First Name

Middle Initial

*Last Name

Rectangular Snip

Address Validation Functionality

The screenshot shows a web form for address validation. The form includes fields for Address (line 1), Address (line 2), City, State, and ZIP code. The City field is populated with 'laurel', the State with 'MD', and the ZIP code with '20724'. Below these fields are sections for 'Mailing Address (Optional)' and 'Emergency Contact (Optional)', each with a checkbox. A modal dialog titled 'Verify Your Address' is overlaid on the form. The dialog contains a message explaining that the address might be a Post Office Box, which is not permitted for residential use. It asks the user to confirm if they live in the plan service area and offers options to 'Change' the address or 'Continue' with the current one. The 'You Entered' section shows '19 k st', 'laurel, MD 20724'. A 'Continue' button is also visible on the right side of the form.

Address (line 1) 19 k st

Address (line 2)

*City laurel

*State MD

*ZIP code 20724

Mailing Address (Optional)

☐ Check here if your mailing address is different from your residential address

Emergency Contact (Optional)

☐ Check here if you would like to provide an emergency contact

Verify Your Address

It appears you may be entering a wrong address or you may be entering a Post Office Box. The Centers for Medicare and Medicaid Services does not permit the use of a Post Office Box to be submitted as a residential address. The plan will need to directly confirm with you that you live in the plan service area before we finalize your enrollment. Your coverage may be delayed if we are unable to confirm your residential address is in our plan service area. Would you like to change the residential address or continue with this address? You may enter a Post Office Box as your mailing address below to receive all plan correspondence.

You Entered

19 k st
laurel, MD 20724

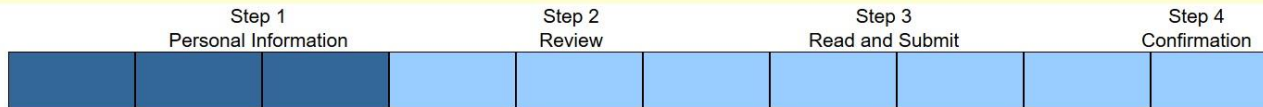
[Change](#)

[Continue](#)

[Continue](#)

Medicare and Benefits page Updates

Medicare Health and Drug Plan Enrollment Center



Medicare and Benefits Information

You have chosen to enroll in



All information you provide is strictly confidential, secure and will be used for the sole purpose of enrolling you in your chosen plan.

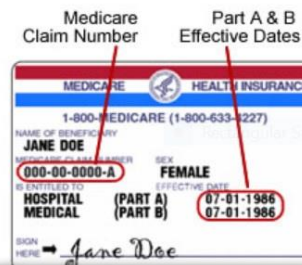
Please fill out the personal information below. When you are finished, please click the Continue button at the bottom.
All lines marked with an asterisk * are required.

Please Provide Your Medicare Insurance Information

Please take out your Medicare Card to complete this section.

- Please fill in these blanks so they match your red, white, and blue Medicare card.

You must have Medicare Part A and Part B to join a Medicare Advantage plan.



OEC Important Questions page Update

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Step 1
Personal Information

Step 2
Review

Step 3
Read and Submit

Step 4
Confirmation

Progress bar with 12 segments: 4 dark blue, 8 light blue

Important Questions

Please Answer the Following Questions to Help Medicare Coordinate Your Benefits

All questions marked with an asterisk * are required.

- Do You Have Any Other Coverage?**

Some individuals may have additional prescription drug coverage, including other private insurance, TRICARE, federal employee health benefits, VA benefits, or state pharmaceutical assistance programs.

*Will you receive other prescription drug coverage in addition to this plan?

☐ Yes ☐ No
- Long Term Care**

Please Check Your Information page Update

Medicare Health and Drug Plan Enrollment Center



Please Check Your Information

Personal Information

You have chosen to enroll in



All information you provide is strictly confidential, secure and will be used for the sole purpose of enrolling you in your chosen plan.

Please fill out the personal information below. When you are finished, please click the Continue button at the bottom.

All lines marked with an asterisk * are required

Your Personal Information

*First Name	jake
Middle Initial	
*Last Name	matthew
*Address (line 1)	19 k st
Address (line 2)	
*City	laurel
*State	MD
*ZIP code	20724

Mailing Address (Optional)

☐ Check here if your mailing address is different than your permanent residence address.

Emergency Contact (Optional)

☐ Check here if you would like to provide an emergency contact.

Edit

Back

Continue

Previous

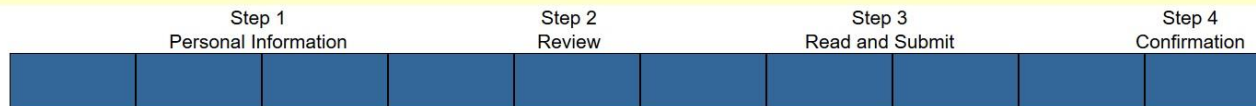
Proceed With Enrollment

OEC Confirmation page Update

Medicare.gov

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Enrollment Request Received

Print

Your 2017 enrollment request was received and will be processed by:
65994DT77N

and your Confirmation Number is:

Name: **jake mattew**

Please contact the plan directly with any additional questions.

Phone:

Website:

Rectangular Snip

This confirmation number can be used to help track the online enrollment, but it is not proof of membership. Please wait at least 10 days before calling the plan to ask about the status of your enrollment. Please keep this information in case you have any questions about your enrollment and need to contact your selected

Questions

